



POLICE DEPARTMENT VILLAGE OF IRVINGTON

85 Main Street
Irvington, New York 10533
(914) 591-8080



LOUIS C. GRIECO
Chief of Police

ALARM INFORMATION FORM

ID #: _____

Date: _____

Property Name: _____

Type Property: _____

Address: _____

Unit No.: _____

Town/Village: _____ Post No.: _____ Phone No.: () _____

Main Alarm Location: _____

Type of Alarm: Burglar ☐ Fire ☐ Panic ☐ Other ☐ (Indicate) _____

Alarm Company: _____ Address: _____

Phone No.: () _____ Alarm Company ID #: _____ Contact Person: _____

Monitor Company: _____ Address: _____

Phone No.: () _____ Monitor Company ID #: _____ Contact Person: _____

Contact Person # 1: _____ Relationship: _____

Address: _____ Unit: _____

Town/Village: _____ State: _____ Zip Code: _____

Phone No. # 1: () _____ Phone No. # 2: () _____

Contact Person # 2: _____ Relationship: _____

Address: _____ Unit: _____

Town/Village: _____ State: _____ Zip Code: _____

Phone No. # 1: () _____ Phone No. # 2: () _____

Contact Person # 3: _____ Relationship: _____

Address: _____ Unit: _____

Town/Village: _____ State: _____ Zip Code: _____

Phone No. # 1: () _____ Phone No. # 2: () _____

(over)

Business Hours: _____ Guard Dog (Y/N): _____ Safe (Y/N): _____

Location of Safe: _____ Night Lights: _____

Weapons on site (Y/N): _____ Type of weapons: _____

Hazards: _____

Comments: _____

Please return the completed form to Police Headquarters. You will be issued an Alarm Decal which must be displayed near your front door.

Property Owner: _____

Issuing Officer: _____